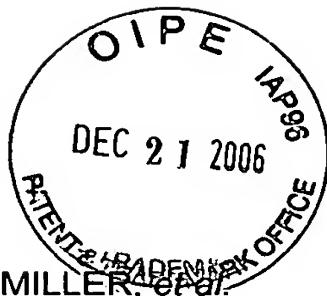


1615  
• FORM PTO-1083  
MAIL STOP: Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450



Docket No. 222.1101CON  
Date: December 18, 2006  
IFW

In re application of: Ronald B. MILLER, et al.  
Serial No.: 10/067,451  
Filed: February 5, 2002  
For: PHARMACEUTICAL FORMULATION

Sir:

Transmitted herewith is a Petition for Three month Extension (1 page) in the above-identified application.

Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.  
 Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.  
 No fee for additional claims is required.  
 A filing fee for additional claims calculated as shown below, is required:

	(Col. 1)	(Col. 2)	
FOR:	REMAINING	HIGHEST	
	AFTER	PREVIOUSLY	PRESENT
	AMENDMENT	PAID FOR	EXTRA
TOTAL CLAIMS	23 Minus 25	=	0
INDEP. CLAIMS	2 Minus 2	=	0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

SMALL ENTITY		LARGE ENTITY	
RATE	FEES	OR	RATE
<input checked="" type="checkbox"/> \$ 9	<input checked="" type="checkbox"/> \$	<input checked="" type="checkbox"/> \$ 18	<input checked="" type="checkbox"/> \$
<input type="checkbox"/> \$ 42	<input type="checkbox"/> \$	<input type="checkbox"/> \$ 84	<input type="checkbox"/> \$
<input type="checkbox"/> + \$140	<input type="checkbox"/> \$	<input type="checkbox"/> + \$280	<input type="checkbox"/> \$
TOTAL: \$		<u>OR</u>	TOTAL: \$

\* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Check(s) in the amount of **\$1,020.00** is/are attached to cover:  
 Filing fee for additional claims under 37 C.F.R. 1.16  
 Petition fee for 3 month extension under 37 C.F.R. 1.136  
 Other:

The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.

Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.  
 Any patent application processing fees under 37 C.F.R. 1.17.  
 Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

Richard V. Zanzalari, Reg. No. 49,032  
DAVIDSON, DAVIDSON & KAPPEL, LLC  
485 Seventh Avenue, 14<sup>th</sup> Floor  
New York, New York 10018  
Tel: (212) 736-1940  
Fax: (212) 736-2427

I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on December 18, 2006  
DAVIDSON, DAVIDSON & KAPPEL, LLC

BY:   
Akil Chevalier

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)																								
<b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		222.1101CON																								
Application Number 10/067,451		Filed February 5, 2002																								
For Pharmaceutical Formulation																										
Art Unit 1615	Examiner Lakshmi Sarada CHANNAVAJJALA																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> <td>\$_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> <td>\$1020.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> <td>\$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> <td>\$_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0552</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>49,032</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. <u>12/22/2006 CCHAU1 00000008 10067451</u></p> <p>Registration number if acting under 37 CFR 1.34. <u>01 FC:1253</u> <u>1020.00 0P</u></p> <p><u>Richard V. Zanzalari</u> <u>December 18, 2006</u> Signature Date</p> <p><u>Richard V. Zanzalari</u> <u>212-736-1940</u> Typed or printed name Telephone Number</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>				<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$_____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$1020.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____																							

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.